

MAC Financial Initial Training

**Early Childhood Intervention(ECI) &
Mental Health and Individuals with
Developmental Disabilities(MH-IDD)**



WELCOME

A few housekeeping notes



- ❑ Please download the presentation for today's session from the HHSC website (ECI/MH-IDD MAC Training Presentation)
 - <http://rad.hhs.texas.gov/time-study/time-study-eci-training-information>
 - <http://rad.hhs.texas.gov/time-study/time-study-mhidd-training-information>
- ❑ Listen to the presentation by:
 - Dialing in via your telephone – use the telephone number, access code, and audio pin found on the right side of your screen; or
 - Listen through your computer using the speakers
- ❑ If you experience difficulties please contact Webinar Support at 1-800-263-6317 and email MAC@hhsc.state.tx.us



Housekeeping Notes Continued



- ❑ You must be registered for this session in order to get credit upon completion. It's not too late to register now!
- ❑ Training Credit is not guaranteed for those that register. HHSC considers several factors before training credit is awarded
- ❑ MAC Financial Training duration is approximately:
 - “Initial” – 3 hrs
 - “Refresher” – 2 hrs
- ❑ Short breaks will be provided
- ❑ Must be present and attentive for entire training to obtain credit for FFY 2020
- ❑ Should you receive an email from HHSC after the training, please ensure you respond quickly as obtaining credit could be effected.
- ❑ Please refrain from multi-tasking during the webinar, should you have dual monitors please send an email to HHSC after the training has ended. 3



RMTS OVERVIEW

- Quick RMTS Overview presentation presented by the:

HHSC Time Study Team



RMTS Contact Responsibilities

The RMTS Responsibilities may be found on the HHSC Website at:

<http://rad.hhs.texas.gov/time-study>

Medicaid Definitions

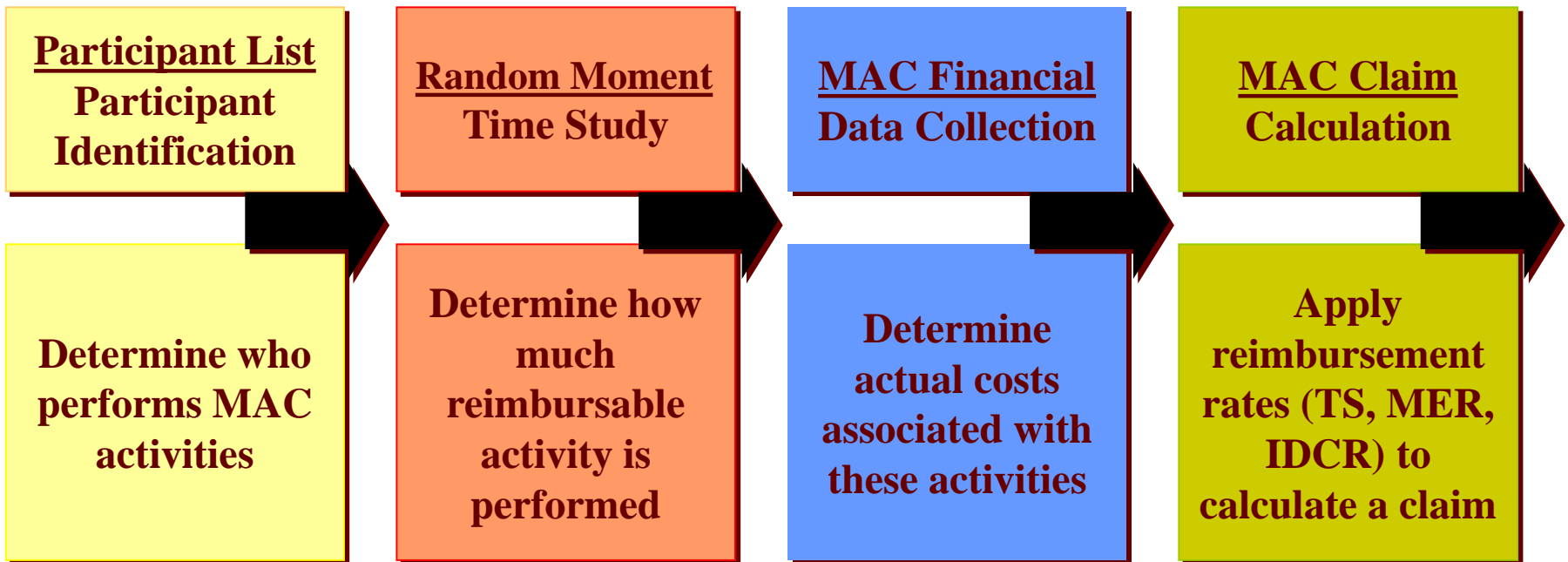
Medicaid

An entitlement program designed to provide health-related services to categorically needy populations

Medicaid Administrative Claiming (MAC)

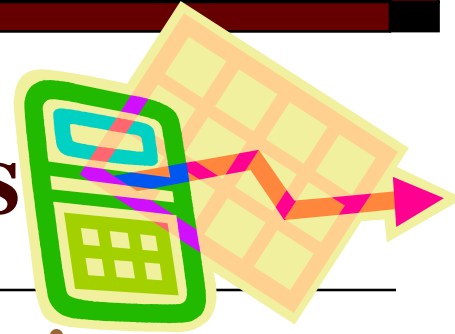
Federal Medicaid reimbursement for **administrative activities** associated with linking recipients to appropriate Medicaid/health-related services

MAC Process



Please be aware that failure to complete the RMTS requirements will result in disqualification for submitting MAC Financial Information for the quarter during which the non-compliance occurred.

Financial Reporting Processes



Section 1 - MAC Participation Requirements

Section II - Allowable Costs for Reporting

**Section III - Electronic Reporting &
Quarterly Summary Invoice (QSI)
Completion**

- **Note: MAC financial reporting will be completed entirely online via the State of Texas Automated Information Reporting System (STAIRS), commonly referred to as the Fairbanks web-based system**



Section I

MAC

Participation

Requirements

MAC PARTICIPATION REQUIREMENTS

- ✓ An Intergovernmental Cooperation Agreement must be filed and executed with HHSC in order to enter financial expenditure information.
 - ✓ All MAC Contracts were recently renewed Summer 2015 and were valid till 2019. MAC Contracts will renew on a 5 year period after 2019.
- ✓ Required RMTS participation must be satisfied for the quarter in which the claim is filed.
- ✓ Appropriate financial information must be collected, entered and certified in order to calculate a claim.
- ✓ The claim must signed by an entity employee with signature authority, notarized, and submitted to HHSC for payment.

Note: Copies of all signed documents and financial statements must be kept in an Audit Documentation File



MAC PARTICIPATION REQUIREMENTS CONTINUED

- ❑ Public Entities must
 - ✓ Maintain Contact Information on the web-based system
 - ❑ RMTS Coordinator
 - ❑ MAC Financial Coordinator
 - ❑ CEO, CFO, Executive Director, Superintendent
 - ✓ Adhere to
 - ❑ Roles & Responsibilities as defined by HHSC Staff and HHSC's MAC Participant Guide for the RMTS and MAC Financial Coordinators
 - ✓ Electronically approve, sign and scan in documentation agreeing to adhere to HHSC's MAC participant requirements and/or mandates – this is completed on a quarterly basis when submitting the Quarterly Summary Invoice (QSI)



Documentation Requirements

Complete the following for New Providers enrolling in the MAC Program:

- Intergovernmental Cooperation Agreement
- Business Associate Agreement
- Direct Deposit Form
- Vendor Information Form
- Payee Application Form
- Data Usage Agreement



- **Documents are renewed every 5 years based on enrollment date.**
- **Documents and instructions can be downloaded from the HHSC MAC website:**
<http://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-contracting-information>

Intergovernmental Cooperation Agreement & Data Usage Agreement



Entity Agrees

- ☐ To account for activities of staff providing Medicaid administration
- ☐ To submit quarterly participation data through the cost reporting system
- ☐ To provide expenditure information on a quarterly basis
- ☐ To spend an amount equal to the federal match received on health related services for clients
- ☐ To designate a liaison to work with HHSC
- ☐ Comply with Health Insurance Privacy and Portability Act (HIPAA) regulations

HHSC Agrees

- ☐ To pass on to the entities 95% of Title XIX federal share for Medicaid Administration
- ☐ To reimburse allowable administrative costs at the appropriate FFP rate (50% or 75%)
- ☐ To include the expenditures for Medicaid administration in the claim it submits to CMS
- ☐ To designate a liaison to work with the entities
- ☐ Comply with HIPAA regulations

MAC Financial Contact Responsibilities



- ✓ Serve as financial liaison between HHSC & Fairbanks LLC
- ✓ Must attend MAC Financial Training at a minimum of annually
- ✓ 2 Trained Financial Contacts are advised
- ✓ Enter, verify and certify the MAC financial data in STAIRS
- ✓ Complete notarization and submit quarterly MAC financial reports via STAIRS by due date
- ✓ Maintain financial documentation and supporting materials
- ✓ Trained Financial Contacts must maintain the accuracy of ALL Contacts in the cost reporting system

MAC Financial Coordinator: Training & Oversight

□ **Training**

- The MAC Financial Coordinator/Contact ensures that all applicable training requirements are met and ensures compliance with policy directives.

□ **Oversight/Monitoring**

- The MAC Financial Coordinator/Contact will provide oversight and monitoring and coordinate with the RMTS Coordinator/Contact to ensure the quarterly participant list data is accurate and appropriate for inclusion on the quarterly MAC Claim. As the MAC Financial Coordinator/Contact you must ensure the financial data submitted for the quarter is true and accurate, and that appropriate documentation is maintained to support the time study (i.e., participant training) and the claim. The MAC Financial Coordinator/Contact must take immediate action to correct any findings that impact the accuracy of the claim and notify HHSC immediately.



Section II

Reportable Costs

&

Revenues

What costs can I report?



- **Compensation**

- **Entity Employee Salaries**

- **Payroll Taxes & Benefits**

- **Only Report “True” Expenditures**

- *If your entity sets funds aside for future Workers’ Comp claims then these “set aside” funds are **not** true expenditures.*

- *This also includes “on behalf of” payments*

- **Contracted staff**

- **Revenues** (*Federal Revenues offset expenditures*) —
to include both **Recognized and Unrecognized**

Participant List = Reportable Costs

- The Participant List drives the number of eligible MAC participants and determines the MAC financial cost eligible for time study staff.
- The Participant List process is a critical part of ensuring the Medicaid Administrative Claim is eligible for payment.
- If a Participant List is not certified for a quarter by an entity, that entity will not be able to participate in RMTS and will not be able to report MAC costs for that quarter.



Participant List Reportable Costs

The public entity reports eligible time study participants at the beginning of each quarter via the **“Participant List”**

- Time Study Positions left **off** the Participant List **are not** eligible to have costs reported during the financial reporting process for that quarter **unless** the position is a clerical position.
- All positions listed on the Participant List must have costs entered
 - These include federally funded positions
- **Costs reported are “position-specific” not “person-specific.”**
 - Substitutes - Individual replacing a provider on leave
 - Direct replacement - Individual hired to fill a vacant position

Employee Salaries



- **Report 100% of the quarterly salaries for ALL participants on the participant list.**

Example: Position #85 had the following employee changes throughout the quarter:

- **Employee A works Jan 1st thru Jan 19th, earns \$800.**
- **Substitute A works Jan 20th thru Feb 28th, earns \$1,200.**
- **Employee B works March 1st thru March 31st, earns \$1,500.**
- **The Total MAC Reportable Expenditure for Position #85 is $\$800 + \$1,200 + \$1,500 = \$3,500$.**

Employee vs. Contracted Staff



→ DON'T FORGET!

- Providers hired by the public entity are classified as employees of the entity - Report salary as “Employee Salaries” and identify the employees “Payroll Taxes and Benefits”
- For providers contracted through subcontracted agencies - Report cost as “Contracted Staff”
- It is critical to ensure the Participant list is created accurately:
 - Close communication with the RMTS Coordinator/Contact is recommended
 - Review/Verify Participant List, these are the positions for which you will be reporting costs

Detailed Reporting: Payroll Taxes & Benefits

□ Examples of Employer Paid Benefits:

- Health Insurance
- Life Insurance
- Medicare
- Social Security
- Employer 403(b) Contribution
- Liability Insurance
- Workers' Compensation
- Unemployment Compensation



Revenues



There are two Types of Revenues utilized on the MAC Claim

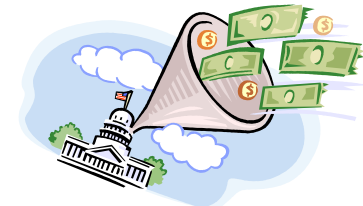
□ Unrecognized Revenue



- Revenues such as state funds (GR), Local Government Funds, Donations to Public Entity, Medicaid Administrative Reimbursement Funds (MAC), Federal Emergency Assistance Reimbursement Funds, Federal IV Reimbursement
- Unrecognized Revenues are used as match to draw down MAC reimbursement funds

□ Recognized Revenue

- Federal Revenues such as Medicaid Fees plus **Match**, Federal Grants plus **Match**, Medicare, Insurance fees, Donations to Contractor, other Revenue Not listed as Unrecognized Revenue
 - Federal Revenues are use to offset costs entered into the MAC Claim.
- NOTE: MAC funds will not be backed out of the MAC Financial claim as Revenue offset.



ECI - Possible Revenues by Source

Source	Description of Federal Funds	MAC Reporting
CFDA # 84.027	Department of Education – Special Education-Grants to States (IDEA, Part B)	Recognized Revenue, Federal Grants & Match
CFDA # 93.558	Temporary Assistance for Needy Families (TANF)	Recognized Revenue, Federal Grants & Match
CFDA # 93.778	Department of Health & Human Services – Medical Assistance Program (Medicaid, Title XIX)	Recognized Revenue, Medicaid Fees & Match
CFDA # 93.778 (ARRA)	Department of Health & Human Services – Medical Assistance Program, Recovery Act (Medicaid Title XIX)	Recognized Revenue, Medicaid Fees & Match
State General Revenue – DRS Match		Recognized Revenue, Medicaid Fees & Match
CFDA # 84.181	Department of Education – Special Education-Grants for Infants and Families (IDEA, Part C)	Recognized Revenue, Federal Grants & Match
CFDA # 84.393 (ARRA)	Department of Education – Special Education-Grants for Infants and Families, Recovery Act (IDEA, Part C)	Recognized Revenue, Federal Grants & Match
State General Revenue – Other		Unrecognized Revenue, Other State Funds

The ECI provider is responsible for verifying Revenue amounts received from DARS to the Revenue amounts populated in STAIRS, errors should be addressed immediately to HHSC

Revenue Cost Sharing/Matching

Cost sharing or **Matching** is a process wherein two or more organizations (State and Public Entity) work together to secure savings in one or more areas of business (i.e., client services).

- *For Example:* Funds used for program services (direct services and outreach activity) that meet the **matching requirements** of a federal grant Award (Medicaid/IDEA, etc).



- Matching requirements include the following:
 - Amounts are verifiable from grantee's records.
 - Funds are not included as a matching source for any other federally assisted programs.
 - Funds are allocated in the approved current budget.
 - Funds are spent for the respective project as allocated and the expenditure of these funds are reported for the respective services.
 - Funds are subject to the same guidelines as the respective grant funds (i.e., no food, entertainment or legislative lobbying).

Functional Reporting



- There are two options to enter financial data:

1. Participant Detail

- Detailed basis by individual position

2. Group Summary

- Provider category summary
 - Categories as entered on the participant list
- If your entity enters at this level, they must keep the detail by position/individual in the audit documentation file.

Detailed Worksheet

Psychologists and Interns

Bob	Employee
Joe	Employee
Mary	Contract Staff

Category Summary

Registered Nurse (RN)

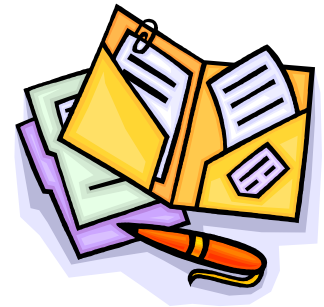
Salaries	30,000
Benefits	6,000
Purchased Svcs.	8,000



Audit File Documentation by Quarter

File must contain

- \$ Copies of computations used to calculate financial costs
- \$ Copies of worksheets or spreadsheets used to report costs or revenues via STAIRS
- \$ Listing of other costs
- \$ All revenues offset from the claim, by source
- \$ Updated participant list
- \$ Copies of HHSC approved training materials as applicable
- \$ Documentation verifying participant training as applicable
- \$ Quarterly summary invoice (completed, signed, & notarized)



MAC Financial Reporting

- ❑ MAC financial quarters will not be opened unless the following requirements are met:

- ✓ Active contract with HHSC
- ✓ Appropriate MAC & RMTS training for the FFY
- ✓ RMTS Requirements are met



- ❑ If you are unable to access the quarter, please contact the MAC team via email at:
MAC@hhsc.state.tx.us



Uses of MAC Reimbursements

As stated in the Intergovernmental Cooperation Agreement, the public entity agrees to spend the federal match dollars generated from Medicaid administrative activities for health-related services and the enhancement of the entity's Medicaid program. It is recommended by HHSC that the funds are used for allowable MAC activities in order to increase services to Medicaid or prospective Medicaid clients. In the long run, reinvesting reimbursed funds in eligibility determination, outreach, provider relations and other MAC claimable activities will result in a higher return.






Section III


Electronic Reporting & QSI Completion

Website Submission

www.fairbanksllc.com

 **FAIRBANKS** LLC

About UsServicesClientsNewsCareersContact UsClient Login



National reach
Local focus.

[Read More >](#)

Uncompromised quality and client service.

Fairbanks provides a depth of industry, programmatic and technology expertise as well as an extensive geographical reach. We are a firm that is dedicated to each client's success, the excellence of our people, and a spirit of partnership. [More about Fairbanks LLC >](#)

What We Do

Fairbanks partners with government agencies to provide strategic, operational, and technology solutions to support Medicaid and other claiming programs.

[Our Services >>](#)


Who We Work With

Fairbanks understands and is focused on the public sector. Our major clients include State Medicaid agencies and local government agencies.

[Our Clients >>](#)

MAC Client Dashboard

[Login](#) [Forgot password?](#)



Latest News

[More News](#)

August 12, 2013
Los Angeles County Office of Education Extends RMTS Monitoring and Oversight Contract with Fairbanks
[Full story](#)

August 02, 2013
CMS Approves Plan to Transform Medicaid Reimbursement in Alabama Schools
[Full story](#)

Login Window & Reset Password

The screenshot shows a web browser window titled "Fairbanks LLC MAC Login - Windows Internet Explorer". The address bar displays "https://mac.fairbanksllc.com/login/". The page features the Fairbanks LLC logo (FB FAIRBANKS^{LLC}) at the top. Below the logo is a login form with the following elements:

- User Name:
- Your Password:
- Login button
- Forgot your password? Reset it here: [Reset Password](#)
- For Texas Cost Report users, please [click here](#)

At the bottom of the page, there is a footer with contact information:

For questions, please contact Fairbanks Client Information Center: (888) 321-1225 or info@fairbanksllc.com
For ICF/ID, HCS/TxHTML and CPC questions, please contact: (877) 354-3831
For Illinois questions, please contact: (877) 219-1343
For Kentucky Medicaid SBHS Cost Report questions, please contact: (866) 303-7501
For Missouri SDAC questions, please contact: (877) 285-0388
For New Mexico MAC questions, please contact: (877) 340-1453
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Financial Contact “Dashboard”

FAIRBANKS LUC
Betty Hardwick Center (ECI)

Participant List
JMTB is not verified
2016.0000000000000000

Time study samples
ODT is open for TB
2016.0000000000000000

MAC Financial Submission
No quarters are open for MAC Financial Submission - Certification is not necessary
2016.0000000000000000

Participant Information
JMTB is not verified
2016.0000000000000000
Name: 2222222222
Fax: 2222222222

Important upcoming dates

Date	Event	Weeks Away
11/22/2016	July - September 2016 Financial Open	(2 Weeks Away)
01/01/2017	January to March 2016 Time Study Sample	(5 Weeks Away)
12/01/2016	October - December 2016 Time Study Sample	(8 Weeks Away)
01/01/2017	January to March 2016 Time Study Sample	(2 Weeks Away)
01/01/2017	July - September 2016 Financial Open	(4 Weeks Away)
02/15/2017	October - December 2016 Financial Open	(14 Weeks Away)
01/01/2017	April - June 2016 Time Study Sample	(16 Weeks Away)
02/15/2017	January to March 2016 Time Study Sample	(21 Weeks Away)
04/01/2017	October - December 2016 Financial Open	(21 Weeks Away)
05/01/2017	April - June 2016 Time Study Sample	(21 Weeks Away)
05/01/2017	January to March 2016 Financial Open	(22 Weeks Away)
06/01/2017	July - September 2016 Financial Open	(24 Weeks Away)
06/01/2017	April - June 2016 Time Study Sample	(24 Weeks Away)
07/01/2017	July - September 2016 Time Study Sample	(26 Weeks Away)
07/01/2017	January to March 2016 Financial Open	(26 Weeks Away)
08/15/2017	April - June 2016 Financial Open	(40 Weeks Away)
08/15/2017	July - September 2016 Time Study Sample	(41 Weeks Away)
11/21/2016	July - September 2016 Financial Open	(24 Weeks Away)
01/01/2017	July - September 2016 Financial Open	(24 Weeks Away)

Upcoming training dates

Date	Event	Weeks Away
11/15/2016	MAC 2016 - ECI Initial MAC Financial Contact	(8 Weeks Away)
11/01/2016	MAC 2016 - ECI Initial MAC Financial Contact	(2 Weeks Away)
01/12/2017	MAC 2016 - ECI Initial MAC Financial Contact	(12 Weeks Away)
01/01/2017	MAC 2016 - ECI Initial MAC Financial Contact	(11 Weeks Away)
02/01/2017	MAC 2016 - ECI Initial MAC Financial Contact	(12 Weeks Away)
02/01/2017	MAC 2016 - ECI Initial MAC Financial Contact	(12 Weeks Away)
02/15/2017	MAC 2016 - ECI Initial MAC Financial Contact	(15 Weeks Away)
02/15/2017	MAC 2016 - ECI Initial MAC Financial Contact	(15 Weeks Away)
04/01/2017	MAC 2016 - ECI Initial MAC Financial Contact	(22 Weeks Away)

[View More](#)

MAC 2016 - ECI Initial
(1) MAC 2016 - ECI Initial (TX - HNEQ)

MAC 2016 - ECI Initial
(1) MAC 2016 - ECI Initial (TX - HNEQ)

For questions, please contact Fairbanks LUC Client Information Center: (888) 221-1228 or info@fairbanks.luc.com



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- The dashboard provides access to information on the current processes and can be accessed throughout the quarter.

- To access the financial system click the tab “Financial Submission” or the link “View Financial Data.”

Web Financial Steps

Web Financial Steps

- ✓ 1. MAC Provider Data [view](#)
- ✓ 2. General and Statistical Information [view](#)
- 3. Expense Data
 -  a. Provider Specific Costs
 - ✓ b. Provider Summary Costs [view](#)
 - ✓ i. Detailed Explanations for Cost Report Edits [view](#)
 - ✓ c. Other Costs [view](#)
 - ✓ d. Eligible Direct Charges [view](#)
- ✓ 4. Summary Revenue [view](#)
 - ✓ i. Detailed Explanations for Cost Report Edits [view](#)
- ✓ 5. Verify [view](#)
- Verified by  on 10/02/2014 08:37 AM Central Time
- ✓ 6. Print Certification - Quarterly Summary Invoice (QSI) [view](#)
- ✓ 7. Attach Signed and Notarized QSI [view](#)

Completed by  on 10/02/2014 12:08 PM Central Time

Entity/Provider Data



<Entity>

Dashboard

Participant List

Time Study Sample

MAC Financials

Cost Report

Training Status

Feedback | Print | Help | A A A

Select Year and District to View

Confirm

Open Quarter: April - June 2010

1. Provider Data

Save

Saved and return to main menu

Entity Identification

If any of these fields is incorrect please contact:

- Unique Identifier:

Contracting Entity Identification

Name of Contracting Entity:

Email:

Phone:

Fax:

Street Address:

Mailing Address:

[Edit Information](#)

Contact Identification

Name:

Title:

Business Name:

Email:

Phone:

Fax:

Mailing Address:

[Edit Information](#)

Report Preparer Identification

Name:

Title:

Business Name

Email:

Phone:

Fax:

Mailing Address:

[Edit Information](#)

Location of Accounting Records that Support this Report

Primary Physical Address:

[Edit Information](#)

Save

Saved and return to main menu

Contracting Entity Identification



<Entity>

Dashboard

Participant List

Time Study Sample

MAC Financials

Cost Report

Training Status

Feedback | Print | Help | A A A

Contracting Entity Identification

Name

Phone (123-456-7890)

enter text...

Ext.

enter text.

Fax

enter text...

☐ No Fax

Email

enter text...

Street Address

Street 1

enter text...

Street 2

enter text...

City

enter text...

State

TX

9-digit Zip (12345-1234)

enter text...

Mailing Address

Street 1 or P.O. Box

enter text...

Street 2

enter text...

City

enter text...

State

TX

9-digit Zip (12345-1234)

enter text...

Save

Cancel

Contact Identification



<Entity>

Dashboard

Participant List

Time Study Sample

MAC Financials

Cost Report

Training Status

Feedback | Print | Help | A A A

Contact Identification

First Name

Last Name

Title

Entity Name

Email

Phone

Ext.

Fax

Ext.

☐ No Fax

Mailing Address

Street 1 or P.O. Box

Street 2

City

State

TX

9-digit Zip (12345-1234)

Save

Cancel

Report Preparer Identification



<Entity>

Dashboard

Participant List

Time Study Sample

MAC Financials

Cost Report

Training Status

Feedback | Print | Help | A A A

Report Preparer Identification

First Name

enter text...

Last Name

enter text...

Title

enter text...

Entity Name

enter text...

Email

enter text...

Phone

enter text...

Ext.

enter text.

Fax

enter text...

Ext.

enter text.

☐ No Fax

Mailing Address

Street 1 or P.O. Box

enter text...

Street 2

enter text...

City

enter text...

State

TX

9-digit Zip (12345-1234)

enter text...

Save

Cancel

Location of Accounting Records



<Entity>

Dashboard

Participant List

Time Study Sample

MAC Financials

Cost Report

Training Status

Feedback | Print | Help | A A A

Location of Accounting Records

Primary Physical Address

Street 1 (no P.O. Box)

Street 2

City

State

TX

9-digit Zip (12345-1234)


Save

Cancel

General and Statistical Info

[Dashboard](#)[Participant List](#)[MAC Financial Submission](#)[Manage](#)

Closed Quarter: April June 2014

 Read only view.



Closed Quarter: April June 2014



[Change Quarter](#)

(Training status: [full access](#))



[Download list of Participants](#)



[Print](#)



[Reference Materials](#)

2. General and Statistical Information



[Return to Main Menu](#)

Medicaid Eligibility Rate (MER)

Unduplicated Medicaid Client Count	2,645
Unduplicated Client Count	3,987
Medicaid Eligibility Rate	66.34%

Time Study Summary

These numbers represent the total time study percentages within these categories across the **ENTIRE** statewide sampled population.

Time Study Activity	Percentage
Medicaid Eligibility	0.82%
Non-Medicaid Eligibility	0.00%
Medicaid Outreach (Outreach, Referral/Coordination, Transportation/Translation, Program Planning, Provider Relations)	13.87%
Non-Medicaid Outreach (Outreach, Referral/Coordination, Transportation/Translation, Program Planning, Provider Relations)	2.61%
Direct Service	82.71%
Non-Medical Direct Service	0.00%
Total	100.00%

Enter Provider Specific Costs



<Entity>

Dashboard

Participant List

Time Study Sample

MAC Financials

Cost Report

Training Status

Feedback | Print | Help | A A A

Select Year and Entity to View

Confirm

Open Quarter: April - June 2010

3a. Enter Provider Specific Costs

Filter List

Filter

Save

Save and return to main menu

[Export to Excel](#)

MAC Category	External ID	Last Name	First Name	Employment Type	Title	Employee Salaries (A)	Employee Benefits (B)	Contractor Staff Costs (C)	TOTAL Expenditures (D) = sum(A-C)
Social Worker - Licensed Clinical		Ague	Rebecca	Full Time	Social Worker	\$20,000	\$10,000		\$ 30,000
Parent Educator		Alberts	Holly	Full Time	Teacher	\$20,000	\$10,000		\$ 30,000
Program Supervisor		Baughcum	Carrie	Full Time	Administrator	\$20,000	\$10,000		\$ 30,000
Occupational Therapist		Black	Susan	Full Time	Occupational Therapist	\$20,000	\$10,000		\$ 30,000
Speech Language Pathologist		Bombick	Dianne	Full Time	SLP	\$20,000	\$10,000		\$ 30,000
Nurse - Registered and Licensed Vocational		Brush	Peggy	Part Time	RN	\$20,000	\$10,000		\$ 30,000
Psychologist		Burmeister	Kristie	Full Time	Psychologist	\$20,000	\$10,000		\$ 30,000
Counselor		Burnett	Dianne	Full Time	Counselor	\$20,000	\$10,000		\$ 30,000
Social Worker - Licensed Clinical		Busse	Jeff	Full Time	Social Worker	\$20,000	\$10,000		\$ 30,000
Nurse - Registered and Licensed Vocational		Carpenter	Darlene	Part Time	RN	\$20,000	\$10,000		\$ 30,000
Nurse - Registered and Licensed Vocational		Cataldo	Lori	Contract	RN			\$30,000	\$ 30,000

Add New Line

Save

Save and return to main menu

Enter Provider Summary Costs

3b. Provider Summary Costs

[Return to Main Menu](#)

Job Category	Total Employees	Total Contractors	Employee Salaries	Employee Benefits	Contracted Staff Costs	TOTAL Expenditures
			(A)	(B)	(C)	(D) A + B + C
Early Intervention Specialist (EIS)	119		\$1,032,794	\$283,667		\$1,316,461
Nurse - Registered (RN)	12		\$131,754	\$29,626		\$161,380
Service Coordinator	3	0	\$17,936	\$3,063		\$20,999
Social Worker - Licensed Baccalaureate (LBSW)	3		\$38,385	\$12,054		\$50,439
Translator/Interpreter	5		\$31,399	\$12,460		\$43,859
Counselor - Licensed Professional (LPC)	12		\$111,179	\$30,831		\$142,010
Dietitian	8		\$84,989	\$23,767		\$108,756
Occupational Therapist - Certified Assistant (COTA)	4		\$51,504	\$13,690		\$65,194
Occupational Therapist - Licensed (OT)	22		\$332,398	\$46,977	\$0	\$379,375
Physical Therapist - Licensed (PT)	21		\$390,725	\$84,461	\$0	\$475,186
Physical Therapy Assistant - Licensed (LPTA)		0	\$0	\$0		\$0
Social Worker - Licensed Clinical (LCSW)	1		\$6,811	\$1,197		\$8,008
Speech Language Pathologist - Intern (CFY)	1		\$16,651	\$1,477		\$18,128
Speech Language Pathologist - Licensed (SLP)	31	2	\$487,143	\$91,677	\$37,644	\$616,464
Speech Language Pathologist - Licensed Assistant (SLPA)	6		\$71,679	\$17,620		\$89,299
TOTAL	248	2	\$2,805,347	\$652,567	\$37,644	\$3,495,558

[Return to Main Menu](#)

Enter Provider Summary Costs - Detailed Explanations



<Entity>

Dashboard

Participant List

Time Study Sample

MAC Financials

Cost Report

Training Status

Feedback | Print | Help | A A A

Select Year and District to View

Confirm

Open Quarter: April - June 2010

3b. Enter Provider Summary Costs - Detailed Explanations



Please provide explanations below

Cancel

Saved and return to main menu

Category	Issue	Calculation	Explanation
Audiologist	You have participants entered for this category, but no costs entered	You have 3 Participants for this category Edit	enter text...
Counselor	Salary expense varies by more than 30% from the previous quarter	Current quarter salary of \$20,000 divided by prior quarter salary of \$10,000 is 100%. Edit	enter text...
Nurse - Registered and Licensed Vocational	Contracted expenses varies by more than 50% from the previous quarter	Current quarter contracted expense of \$30,000 divided by prior quarter contracted expense of \$10,000 is 300% Edit	enter text...

Cancel

Saved and return to main menu

Other Costs

[Dashboard](#)[Participant List](#)[MAC Financial Submission](#)[Manage](#)

Open Quarter: April - June 2011



Open Quarter: April - June 2011

[Change Quarter](#)

(Training status: [full access](#))



[Export to Excel](#)



[Download list of Participants](#)



[Print](#)



[Reference Materials](#)

3c. Other Costs



[Save and Return to Main Menu](#)



[Save](#)



[Return to Main Menu](#)

MAC Staff Category	Salary & Benefits	Travel & Training	Materials & Supplies	Equipment & Operating Costs	TOTAL Expenditures
	(A)	(B)	(C)	(D)	(E) A + B + C + D
Time Study Participant Staff		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Direct Support Staff (Not-Time Studied)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Unstudied Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
General Administrative Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TOTAL	\$0	\$0	\$0	\$0	\$0



[Save and Return to Main Menu](#)



[Save](#)



[Return to Main Menu](#)

RMTS Information



[RMTS Information Website \(TX - HHSC\)](#)

MAC Information



[MAC Information Website \(TX - HHSC\)](#)

Other Non-Allocated Summary Costs Detailed Explanations



<Entity>

Dashboard

Participant List

Time Study Sample

MAC Financials

Cost Report

Training Status

Feedback | Print | Help | A A A

Select Year and District to View



Confirm

Open Quarter: April - June 2010

3c. Other Non-Allocated Summary Costs - Detailed Explanations



Please provide explanations below

Cancel

Saved and return to main menu

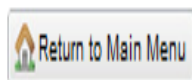
Staff Category	Issue	Calculation	Explanation
Clerical Support Staff	Equipment & Operating Costs varies by more than 50% from the previous quarter	Current quarter Equip & Operating of \$2,500 divided by prior quarter Equip & Operating of \$1,000 is 250%. Edit	enter text...
General Admin Staff	Salary & Benefits varies by more than 30% from the previous quarter	Current quarter Salary & Benefits of \$148,000 divided by prior quarter Salary & Benefits is \$100,000 is 48%. Edit	enter text...

Cancel

Saved and return to main menu

Enter Eligible Direct Charge

3d. Eligible Direct Charges



Functional Category	Job Category	Last Name	First Name	External ID	Employment Type	Title	Salaries	Benefits	Hours worked in claim period	Hourly Rate	# of Hours to Direct Charge	Subtotal	Travel	Training	Operating Cost	Total Direct Charges
							(A)	(B)	(C)	(D) = [(A)+(B)]/(C)	(E)	(F) = (D)*(E)	(G)	(H)	(I)	(J) = (F)+(G)+(H)+(I)
General Administrative Staff				18305	Full Time	Assistant Director of Costing	\$14,408	\$4,169	482	\$40.21	4	\$160.84				\$161.00
TOTAL							\$14,408	\$4,169	482		4	\$160.84	\$0	\$0	\$0	\$161.00

Direct Charges – Detailed Explanations



<Entity>

Dashboard

Participant List

Time Study Sample

MAC Financials

Cost Report

Training Status

Feedback | Print | Help | A A A

Select Year and District to View

Confirm

Open Quarter: April - June 2010


3d. Direct Charges - Detailed Explanations



Please provide explanations below

Cancel

Saved and return to main menu

Name	Issue	Calculation	Explanation
Peggy Brush	Hourly rate exceeds minimul allowable rate of \$50.00/hour	Hourly rate is \$51.00/hour Edit	 enter text...

Cancel

Saved and return to main menu

Summary Revenues

4. Summary Revenue

[Back to Adjustor](#) [View Cost Report Steps](#)

 Click here to add a note

Key: Adjusted Flagged Cleared

MAC Revenue	Total	Unrecognized Revenues (Cost Pool 3)	Unrecognized Revenues (Cost Pool 4)
Donation To Public Agency	\$0	0	\$20,091
Federal Emergency Assistance Reimbursement	\$0	0	0
Federal IV-E Reimbursement	\$0	0	0
Local Government Funds	\$0	0	0
Medicaid Admin Reimbursement	\$0	0	\$22,049
Other State Funds	\$0	0	0

MAC Revenue	Unstudied Staff / Unallowable Revenue (Cost Pool #3)	General Administrative Revenue (Cost Pool #4)	Total	Unstudied Staff / Unallowable (Cost Pool #3) - Additional Revenue	General Administrative Revenue (Cost Pool #4) - Additional Revenue	Total Recognized Revenue
Donations To Contractors	\$0	\$0	\$0	0	0	\$0
Federal Grants + Match	\$22,289	\$-22,289	\$0	0	0	\$0
Fees	\$0	\$0	\$0	\$31,221	0	\$31,221
Insurance	\$0	\$0	\$0	0	0	\$0
Medicaid Fees + Match	\$0	\$0	\$0	\$279,282	0	\$279,282
Medicare	\$0	\$0	\$0	0	0	\$0
Other Revenue	\$0	\$0	\$0	\$5,760,204	0	\$5,760,204

Summary Revenue - Detailed Explanations



<Entity>

Dashboard

Participant List

Time Study Sample

MAC Financials

Cost Report

Training Status

Feedback | Print | Help | A A A

Select Year and District to View

Confirm

Open Quarter: April - June 2010


3d. Summary Revenue - Detailed Explanations



Please provide explanations below

Cancel

Save and return to main menu

Type	Issue	Calculation	Explanation
Medicaid Fees + Match	Additional Revenue reported		 enter text...

Cancel


Save and return to main menu

Claim Verification

5. Verify

[Back to Adjustor](#) [View Cost Report Steps](#)

Verified by [REDACTED] on 10/01/2014 04:40 PM Central Time

 Click here to add a note

Key: Adjusted Flagged Cleared


Financials	Salary & Benefits	Other Costs	Direct Charge Offset	Subtotal of Expenditures Prior to Allocation	GA Alloc	Total of Expenditures	Recognized Revenue	GA Recognized Revenue (Distributed)	Net Expenditures	Eligible Expenditures	Non-Enhanced	Enhanced
	(A)	(B)	(C)	(A)+(B)-(C)	(D)	(E) = (A)+(B)-(C)+(D)	(F)	(G)	(H) = (E)-(G)	(I)	(J) = (I)*CP%	(K) = (I)*CP%
Time Study Participant Staff	\$411,587	\$72,213	\$0	\$483,800	\$102,795	\$586,595	\$0	\$-2,183	\$588,778	\$588,778	\$52,019	\$3,722
Direct Support Staff (Not-Time Studied)	\$33,608	\$0	\$0	\$33,608	\$8,360	\$41,968	\$0	\$-158	\$42,123	\$42,123	\$3,722	\$268
Unstudied Staff	\$3,357,946	\$1,158,308	\$0	\$4,516,252	\$838,893	\$5,355,145	\$8,092,976	\$-19,930	\$5,375,075	\$0	\$0	\$0
General Administrative Staff	\$702,613	\$248,840	\$1,404	\$950,049	\$0	\$0	\$-22,289	\$0	\$0	\$0	\$0	\$0
Direct Charge *	\$1,404	\$0	\$0	\$0	\$0	\$1,404	\$0	\$0	\$0	\$1,404	\$1,404	\$0
TOTAL	\$4,507,158	\$1,479,359	\$1,404	\$5,983,707	\$950,048	\$5,985,110	\$8,070,707	\$-22,289	\$8,005,976	\$632,305	\$57,145	\$3,988

- * Direct Charge not applied to Claimable Percentages
- * Non-Enhanced Claimable Percentage (CP%) is 8.84%
- * Enhanced Claimable Percentage (CP%) is 0.83%
- * **Recognized Revenue Distribution is based on the Percentage of Total Expenditures less Direct Charge**

Example:

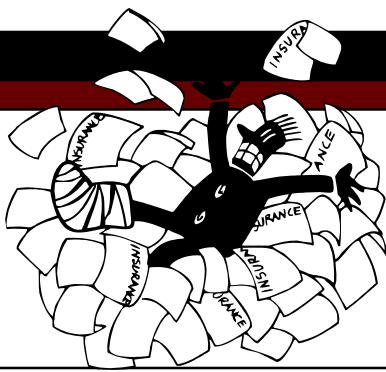
Quarterly Summary Invoice

QUARTERLY SUMMARY INVOICE FOR MEDICAID ADMINISTRATION		
AGENCY:		
CONTRACT NUMBER:		
PERIOD OF SERVICE:	Q3-AJ14	
CLAIM TYPE:	ORIGINAL	
COST CATEGORIES	COST POOL #1	COST POOL #2
[A] Total Federal Share (enhanced)	\$ 2,992.00	\$ 0.00
[B] Total Federal Share (non-enhanced)	\$ 20,480.00	\$ 7,392.00
[C] Total Direct Charge	\$ 255.00	\$ 447.00
[E] Total to be reimbursed by Federal Government		\$ 31,563.00
[F] 5% retention (Contract Sec. II. A. Medicaid Adm) Multiply Line D times 0.05		\$ 1,578.15
Total Federal Government (FFP) to be reimbursed Line D minus Line E		\$ 29,984.85
This statement is of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act, and in accordance with all procedures, instructions and guidance issued by the single state agency and in effect during the year ended 14		
INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.		
CERTIFICATION STATEMENT BY OFFICER OF THE PROVIDER		
I hereby certify that the information provided on this invoice is true and in compliance with the terms and conditions established in the HHSC Medicaid Administrative Claiming Participant Guide.		
Signature - Officer of Provider (Agency)		10/2/2014 Date
Print Name:		
Title: CEO Contact number:		
Notary Stamp		
STATE OF TEXAS		
This instrument was acknowledged before me on the 02nd day of OCTOBER, 2014		
by (Printed Name of Officer of Provider).		
Notary Public in and for the State of Texas (signature)		
Notary's Name (printed):		
Notary's Commission Expires: 10/5/2017		



Notary Public
State of Texas
My Comm. Expires 10-05-2017

NOTARY SEAL
(Ink Stamp Only)



Purpose of the QSI

- Signing the Quarterly Summary Invoice (QSI) certifies that the following items are true and correct:
 - The statement of expenditures has an authorized signature from the provider, has been completed to the best of the provider's knowledge and belief, is based on the actual cost of recorded expenditures, and that it is allocable and allowable to the State Medicaid program;
- Responsibility of Signing the QSI
 - The Provider understands that the information will be used as a basis for claims for federal funds and falsification and concealment of material fact may be prosecuted under Federal or State civil or criminal law.
 - The Provider understands that it must comply with HHSC Medicaid Administrative Claiming Guides and any policy directives given.



Quarterly Summary Invoice

Important Reminders

- ❑ Must be *original* QSI scanned into STAIRS
- ❑ Letterhead is not required
- ❑ Do not forget to complete all fields
 - Title and/or Contact Number
- ❑ Must be notarized on the same day the QSI is signed as certified
- ❑ Signature & Notary dates must be no earlier than the electronic cost report submission date
- ❑ Notary should not print name where Officer of Provider's name should be
- ❑ QSI Certification must be completed by the Public entities designated financial contact
 - Chief Executive Officer (CEO), Chief Financial Officer (CFO) Executive Director (ED), Superintendent (SI) or other individual designated as the financial contact.



Important Reminders for the Fairbanks System



- ❑ Passwords will not change year to year.
- ❑ If you forget your password, you can reset it at the log-in screen.
- ❑ Fairbanks can send log-in information to the email you provided
- ❑ You will be able to access historical data.
- ❑ Messages (Warnings) are just for your reference. They are highlighting areas where there may be an issue.
- ❑ All reference materials are linked on the Fairbanks website.
- ❑ If you have any questions regarding technical support, please call Fairbanks support line: **1-888-321-1225.**



IMPORTANT REMINDERS



- ❖ Entities are responsible for ensuring that financial training requirements are met so that claims can be processed by HHSC.
 - ❖ Financial Contacts **must** be trained. The MAC program recommends a minimum of two (2) people trained in MAC Financials every year
- ❖ On your MAC Financials, if you notice a high variance between quarters on costs and/or number of providers, please feel free to submit variance explanations or supporting documents with the QSI. This will also assist HHSC in the Desk Review process.
 - ❖ Note that within the web-based system upon entering financial data the system will have internal “edits” based on variances seen from the previous quarter. At that time, the system will ask you for a brief explanation of the factors that contributed to the variance.

Allowing E-mail Messages



- Communication is managed predominantly via e-mail, i.e.
 - RMTS moment notifications and follow ups
 - Participant list updates
 - Compliance follow-ups
 - MAC Financial notifications and follow-ups
- Therefore, it is critical that your entities authorize your e-mail system to accept emails from Fairbanks.
- Confirm with your IT staff to make sure that e-mails with @fairbanksllc.com and @hhsc.state.tx.us can pass through firewalls and spam filters.



Important Dates for MAC Claim Submissions

Event Description	Open Date	Close Date
1st Quarter MAC Financials	05/11/2020	06/26/2020
2nd Quarter MAC Financials	08/17/2020	10/02//2020
3rd Quarter MAC Financials	11/16/2020	01/01/2021
4th Quarter MAC Financials	02/15/2021	04/02/2021

All important information, notices, claim due dates, etc. can be found on the following websites:

<http://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-early-childhood-intervention-eci>

<http://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-mental-healthindividuals-intellectual-and-developmental>

But also look on the Fairbanks home page for updates and all the same information

Contacts



Medicaid Administrative Claiming – (512) 462-6200 – MAC@hhsc.state.tx.us

Kathy Kemp – MAC Analyst

Random Moment Time Study – (512) 490-3194 – TimeStudy@hhsc.state.tx.us

Ri-Chard Thomas– Team Lead

Alex Young

Cost Report System & Website Questions – info@fairbanksllc.com

Fairbanks Hotline: (888) 321-1225

Websites:

Medicaid Administrative Claiming

<http://rad.hhs.texas.gov/time-study/time-study-eci-training-information>

<http://rad.hhs.texas.gov/time-study/time-study-mhidd-training-information>

Random Moment Time Study

<http://rad.hhs.texas.gov/time-study/early-childhood-intervention-eci>

<http://rad.hhs.texas.gov/time-study/time-study-mental-healthintellectual-and-developmental-disability-mhidd>